

ATTESTATION C - ENTITY

VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE (To be completed by a representative with authority to bind the entity)

I,	, on behalf of, (entity) am
the individual responsible for s	, on behalf of, (entity) amubmitting this entity application and have full authority to execute this affidavit of full disclosure.
I authorizethe purposes of this application	to be the entity's contact person to the Marijuana Regulatory Agency (Agency) for (please provide information below for contact person).
Email:	Phone Number:
Identify all other individua	ls authorized to assist the named contact person in Addendum – Attestation C.
I swear (or affirm) that the infebest of my knowledge and believed	ormation contained in the entity's prequalification application is true, complete, and accurate to the ef.
	y's prequalification application, the entity has no agreements or understandings with any person or nold as agent, nominee or otherwise any interest in the application.
entity and no present intent to	y's prequalification application, the entity has no agreements or understanding with any person or pay any sums of money or give anything of value as, including but without limitation, a finder's fee entity related to the interest in this application.
I understand that the entity h contemplated by this Attestatio	as an ongoing obligation to notify the Agency should the entity enter into any such agreement n.